



MICHIGAN CHARTER BOAT ASSOCIATION

800-MCBA-971

Application for First Mate Membership

Membership Year* _____



required* (check one) New MCBA Mate membership MCBA Mate membership renewal ~ Available online @ mcbamembers.com

CREWMEMBER INFORMATION

Name* _____ Date* _____ Check No.* _____

Address* _____ Address 2 _____

City* _____ State* _____ Zip* _____ Home Phone* _____

SSN: (last four digits) XXX-XX-* _____ Home Port* _____ Cell Phone* _____

Date of Birth* _____ E-Mail* _____

DER (captain): if no captain you are a independant/freelance employee _____

DER Phone* _____ Designated Employer Business Name* _____

The above information is required by the USCG. *Mates are required to fill in business name & DER: employer or self

Enrollment: Includes the costs of random, reasonable cause and follow-up drug testing for each defined crewmember, regardless of the number of each times tested through the membership term. (All memberships expire Dec. 31)

Pre-Employment Testing: The Coast Guard requires pre-employment/pre-enrollment testing for any individual joining a drug testing program unless you have been tested within the last six months or been subject to random testing for 60 consecutive days within the past six months. If crewmembers being enrolled are exempt from the pre-employment test requirement, please enclose documentation with this application. Pre-employment testing is available at the time of enrollment for \$65 per test.

Notice: Any Non-negative Test result or refusal to test for drugs or alcohol will be removed from the MCBA Drug & Alcohol Program and reported as a 'test violation' to the nearest USCG Sector command. Drug and alcohol testing and enforcement is conducted in accordance with U.S. Coast Guard regulations (33CFR 95, 46CFR 4, 5, & 16 and 49CFR 40).

MEMBERSHIP CATEGORIES

- MATE:** MCBA Associate Membership, Internet Directory Listing and MCBA Drug Screening Program \$65.00
- Pre-Employment SAMHSA Approved Drug Test (Membership Enrollment Required) \$65.00
- 2020 TRIBAL CONSENT DECREE DONATION FUND** \$ _____
- MCBA Scholarship Fund (*donations are tax deductible*) \$ _____

MCBA Mate Membership \$ _____ + (New Member Pre-Employment Drug Test @ \$65) = \$ _____ **TOTAL DUE**

“Members not renewed by January 10 will be subject to a late fee for website removal and relisting” "All memberships expire Dec. 31"

Check appropriate box and sign

- I am currently enrolled in the MCBA Drug Screening Program
- I am currently enrolling in the MCBA Drug Screening Program
- I am currently enrolled in another marine industry Drug Screening Program which has not lapsed. I am excluding myself from the pre-employment SAMHSA-approved drug test (see attach L.O.C. letter).
- Enclosed are the results of my pre-employment SAMHSA-approved drug test so that I may enroll in the MCBA Drug Screening Program.

I certify that the information contained in this application is true.

Signed _____

Date _____

Check appropriate box

- MCBA Logo Window Decal
- MCBA Bumper Sticker

Please make check payable and return to:

MCBA Membership
9760 Judd Road
Willis, MI 48191
800-622-2971

(The information on this application is subject to change without notice) 9/19